

**PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY**

I HEREBY DECLARE THAT:

My residence, post office address and citizenship are as stated next to my name on page 3 hereof.

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are listed below) of the invention entitled:

Polymer Conductive Composition Containing Zirconia for Films and Coatings with High Wear Resistance

the specification of which:

  X   is attached hereto,  
       \_\_\_\_\_ and includes the accompanying amendment;

\_\_\_\_\_ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
       and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the United States Patent Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application</u>			<u>Priority Claimed</u>	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

None

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I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

<u>Application Number</u>	<u>Filing Date</u>
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None

I hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112. I acknowledge the duty to disclose to the United States Patent Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Serial #)	(Filing Date)	(Status--patented, pending, abandoned)
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None

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Mark P. Bourgeois, Registration No. 37,782  
Steven D. Weseman, Registration No. 41,372

whose mailing address for this application is: CTS Corporation  
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**PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY**Full name of SOLE or FIRST inventor Antony P. ChackoCitizenship USA Residence 51950 Nebraska Lane, Granger, Indiana 46530

Post Office Address (if different) \_\_\_\_\_

Inventor's Signature:  Date: 12/4/03**Antony P. Chacko**

Full name of SECOND inventor \_\_\_\_\_

Citizenship \_\_\_\_\_ Residence \_\_\_\_\_

Post Office Address (if different) \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of THIRD inventor \_\_\_\_\_

Citizenship \_\_\_\_\_ Residence \_\_\_\_\_

Post Office Address (if different) \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of FOURTH inventor \_\_\_\_\_

Citizenship \_\_\_\_\_ Residence \_\_\_\_\_

Post Office Address (if different) \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of FIFTH inventor \_\_\_\_\_

Citizenship \_\_\_\_\_ Residence \_\_\_\_\_

Post Office Address (if different) \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_